

Lake George Elementary School

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LYNNE RUTNIK
Superintendent of Schools
JAMES CONWAY
Elementary Principal

Return to School

Dear Parent / Guardian:

If your child has been hospitalized, had surgery, or sustained an injury requiring medical care, please have this form completed by your child's Health Care Provider and return it to school when your child returns to school. If your provider has given you paperwork that includes this same information you may provide that instead. Medical Orders are requested for our students' health and safety.

To be completed by Health Care Provider:

Student Name: _____

Diagnosis/seen for: _____

Date may return to school: _____

Date may return to Physical Education/recess without restrictions: _____

Other considerations, restrictions or treatment if any:

Next appointment date: _____

Doctors signature: _____ Date: _____

Name/phone/address (or office stamp):

The mission of Lake George Central School is to personalize opportunities that empower all students to be lifelong learners, leaders and global citizens.